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FORM D



U.S. SECURITIES AND EXCHANGE COMMISSION RECEIVED Washington, D.C. 20549

OMB Number 3235-0076 Expires: January 31, 1988

Expires: January 31, 1988

SEC USE ONLY

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Prefix Serial

DATE RECEIVED

OMB APPROVAL

Name of Offering (check if this is an amendment and name has changed, and indicate change). \$4,000,000 of Units of Limited Liability Company Membership Interests in Aetna Preserve Investors, LLC						
Filing Under (Check box(es) that apply: Rule 504 Rule 505 x Rule 506 Section 4(6) ULOE Type of Filing: x New Filing Amendment						
A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Aetna Preserve Investors, LLC						
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Nexsen Pruet, LLC 1441 Main Street, Suite 1500 Columbia, SC 29201	Telephone Number (Including Area Code) 803-253-8219					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code) Same as above					
112 John St., Suite 104 Easley, SC 29640	PROCESSED					
Brief Description of Business Acquisition of interest in a real estate development limited liability company						
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Limited Liability Company IMOMSON x other (please specify): FINANCIAL Limited Liability Company						
Month Year Actual or Estimated Date of Incorporation or Organization: 01 06 x Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) SC						

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



2. Enter the information requested for the following:									
• Each promoter of the issuer if the issuer has been organized within the past five years;									
• Each beneficial owner hav equity securities of the iss		vote or dispose, or direct	the vote or disposition of, 1	10% or more of a	a class of				
 Each executive officer and issuers; and 	-		orate general and managing	partners of partn	nership				
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply	x Promoter	Beneficial Owner	x Executive Officer / Manager of Manager*	Director	General and/or Managing Partner				
Full Name (Last name first, if inc Dr. William Coleman	dividual)								
Business or Resident Address (Number and Street, City, State, Zip Code) 6 Thornwood Lane, Greenville, SC 29605									
Check Box(es) that Apply	x Promoter	Beneficial Owner	x Executive Officer / Manager of Manager*	Director	General and/or Managing Partner				
Full Name (Last name first, if individual) Dr. Allan J. Thompson, Jr.									
Business or Resident Address (N 112 John St., Suite 104, Easley,	umber and Street, SC 29640	City, State, Zip Code)							
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer / Manager	Director	General and/or Managing Partner				
Full Name (Last name first, if inc	dividual)								
Business or Resident Address (N	umber and Street,	City, State, Zip Code)							
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer / Manager	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Resident Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer / Manager	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Resident Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer / Manager	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Resident Address (Number and Street, City, State, Zip Code)									

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В.	INFORMA	TION ABO	UT OFFERI	NG				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							No x					
2. What is the minimum investment that will be accepted from any individual?						\$50,000						
3. Does the offering permit joint ownership of a single unit?						Yes	No					
commis a persor states, li	sion or simil to be listed ist the name	ar remunera is an associa of the broke	tion for solic ated person o	citation of poor agent of a lift more than	urchasers in broker or do five (5) per	connection realer register sons to be li	given, direct with sales of red with the sted are asso	securities in SEC and/or	the offering with a state	or		x
Full Name None.	(Last name	first, if indiv	vidual)					1				
Business o	r Residence	Address (N	umber and S	treet, City, S	State, Zip Co	ode)	# 4.7 <u>0</u>					
Name of A	ssociated B	roker or Dea	ler				<u>.</u>					
States in V	Vhich Persor	Listed Has	Solicited or	Intends to S	Solicit Purch	asers	·	· · · · · · · · · · · · · · · · · · ·				
Check "A	All States" or	check indiv	vidual States))	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					All States
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[MT] [RI]	[NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[WI] [WV]	[OK]	[OR]	[PA]
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Business o	or Residence	Address (N	umber and S	treet, City,	State, Zip Co	ode)	-w					
Name of A	ssociated B	roker or Des	aler									
			Solicited or dual States)									All State
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last name	first, if indi-	vidual)		I	<u> </u>				<u> </u>	<u> </u>	J
Business o	or Residence	Address (N	umber and S	treet, City,	State, Zip Co	ode)						
Name of A	Associated B	roker or Dea	aler						* ************************************			
			Solicited or dual States)									All State
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

	Aggregate	Amount Already
Type of Security	Offering Price	Sold
Debt (secured notes)	\$ <u>-0-</u>	\$ -0-
Equity		\$ -0-
Common Preferred		
Convertible Securities (including warrants)	\$0-	\$0
Partnership Interests	\$0	\$ <u>-0-</u> \$ <u>-0-</u>
Other (Specify Units of LLC Membership Interests)	\$ <u>4,000,000</u>	\$ <u>4,000,000</u>
Total		\$4,000,000
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter ")" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		\$4,000,000
Non-accredited Investors	80	\$ <u>-0-</u>
Total (for filings under Rule 504 only)	<u>-0-</u>	1
Answer also in Appendix, Column 4, if filing under ULOE.	-0-	\$ <u>-0-</u>
Question 1. Type of offering	Type of Security	Dollar Amount Sold
Rule 505		
Regulation A		S0
Rule 504	-0-	\$ -0-
Nate 504		
Total	-0-	\$0
		\$ <u>-0-</u> \$ <u>-0-</u>
	-0-	
Total	-0-	\$0
Total	-0-	\$0- \$0- \$0- \$0-
Total	-0-	\$0- \$0- \$0- \$0-
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Excludes amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	-0-	\$0- \$0- \$0- \$0-
Total	-0-	\$0- \$0- \$0- \$0-
Total	-0-	\$0- \$0- \$0- \$0-
Total	-0-	\$0- \$0-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS						
b. Enter the difference between the aggregate of Question 1 and total expenses furnished in response the "adjusted gross proceeds to the issuer."	fering price given in response to Part C - nse to Part C - Question 4.a. This difference		\$4,000,000			
5. Indicate below the amount of the adjusted gross used for each of the purposes shown. If the amo- estimate and check the box to the left of the estin the adjusted gross proceeds to the issuer set forth	unt for any purpose is not known, furnish an nate. The total of the payments listed must equal					
		Payments to Officers, Directors, & Affiliates	Payments To Others			
Salaries and fees		\$ <u>-0-</u>	\$ <u>-0-</u>			
Purchase of real estate		S0-	\$ <u>-0-</u>			
	achinery and equipment	\$ <u>-0-</u>	\$ <u>-0-</u>			
Construction or leasing of plant buildings and fa	cilities	\$ <u>-0-</u>	\$ <u>-0-</u>			
Acquisition of other businesses (including the variable used in exchange for the assets of securi	alue of securities involved in this offering that ties of another issuer pursuant to a merger)	\$ <u>-0-</u>	x \$ <u>4,000,000</u>			
Repayment of indebtedness		\$0	\$ <u>-0-</u>			
Working capital		\$0	\$ <u>-0-</u>			
	zation of the Issuer, which are not included in these	\$0	\$ <u>-0-</u>			
Column Totals	_\$0	\$ <u>4,000,000</u>				
Total Payments Listed (column totals added)	x \$ <u>4</u> ,	000,000				
D. FEDERAL SIGNATURE						
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.						
Issuer Aetna Preserve Investors, LLC	Signature	Date February <u>~</u>	2006			
Name of Signer (Print or Type) Dr. Allan J. Thompson, Jr.	Title of Signer (Print or Type) Manager, AP Development, LLC Manager of Aetna Preserve Investors, LLC					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)